Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name CULTIVATOR COFFEE Address 1415 E. SPRING ST, NEW ALBANY IN 47150 Owner Owner's Address , Person in Charge JON DUNN Responsible Person's Email						Es Ov	PurposeRoutineFollow-upComplaint _X_Pre-OperationalTemporary	Date of Inspection 06/15/2021 Released 06/15/2021 Menu Type 1 X 2 3 4 5		
Certified Food Handler							HACCPOther (list)			
				AND NARRATIVE COLUMN		ONS" AND IN THE	NARRAIVE COLUMN MARKED AS "R"	<u> </u>		
Section #	ection # C NC R Narrative							To Be Corrected		
431 118	X	X		Observed constr Observed no Ce days from openi	rtifed Food Mana		ar, olishment. Must obtain 90	9-16-2	opening 	
Summary of V				1 NC	<u>1</u> R _		Inspected by (name and tid	a printed).		
Received by (name and title printed):							Inspected by (name and title printed): Thomas Snider CHIEF FOOD SPECIALIST			
Received by (signature):							Inspected by (signature):			
cc:					cc:			cc:		